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Specialty Chemicals

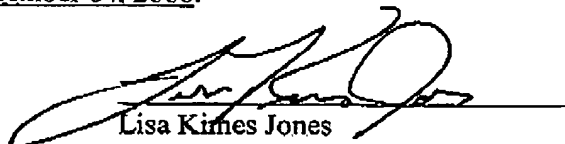
Hexion Specialty Chemicals, Inc.

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hexionchem.com**TOTAL PAGES -11-**

DATE: December 4, 2006

TO: Examiner Michael J. Feely
PHONE: (571) 272-1086
FAX: (571) 273-8300FROM: Lisa Kimes Jones
PHONE: (832) 366-2571
FAX: (817) 375-2768RE: USSN: 10/667,648
Filing Date: 09/22/2003
Attorney Docket: US.03.036**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this correspondence, consisting of a Response to an Office Action dated June 6, 2006, a Petition for a 3-month Extension of Time, and a Fee Transmittal in duplicate are being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (571) 273-8300 on Monday, December 04, 2006.


Lisa Kimes Jones
Registration No. 41,878**FACSIMILE TRANSMISSION**

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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/667,648
		Filing Date	09/22/2003
		First Named Inventor	CHRISTIANSEN, Walter H.
		Examiner Name	FEELY, Michael J.
		Art Unit	1712
TOTAL AMOUNT OF PAYMENT (\$)		1020.00	
		Attorney Docket No.	US.03.036

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
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☒ Deposit Account Deposit Account Number: 50-1863 Deposit Account Name: Lisa Kimes Jones

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 20 or HP = _____ x 50 = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 - 3 or HP = _____ x 200 = _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
31	0	0	0	0

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Extension for response within third month		1020.00

SUBMITTED BY		
Signature	Registration No. (Attorney/Agent) 41,878	Telephone (832) 366-2571
Name (Print/Type) Lisa Kimes Jones	Date December 4, 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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